

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

| | |
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| SERIAL NO. | FILING DATE |
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APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | 32 | | | | | |
| TOTAL CLAIMS | 36 | | | | | |

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| TOTAL IND. | | | | | |
| TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | | | |

BEST AVAILABLE COPY